Reducing Inequalities in Communities

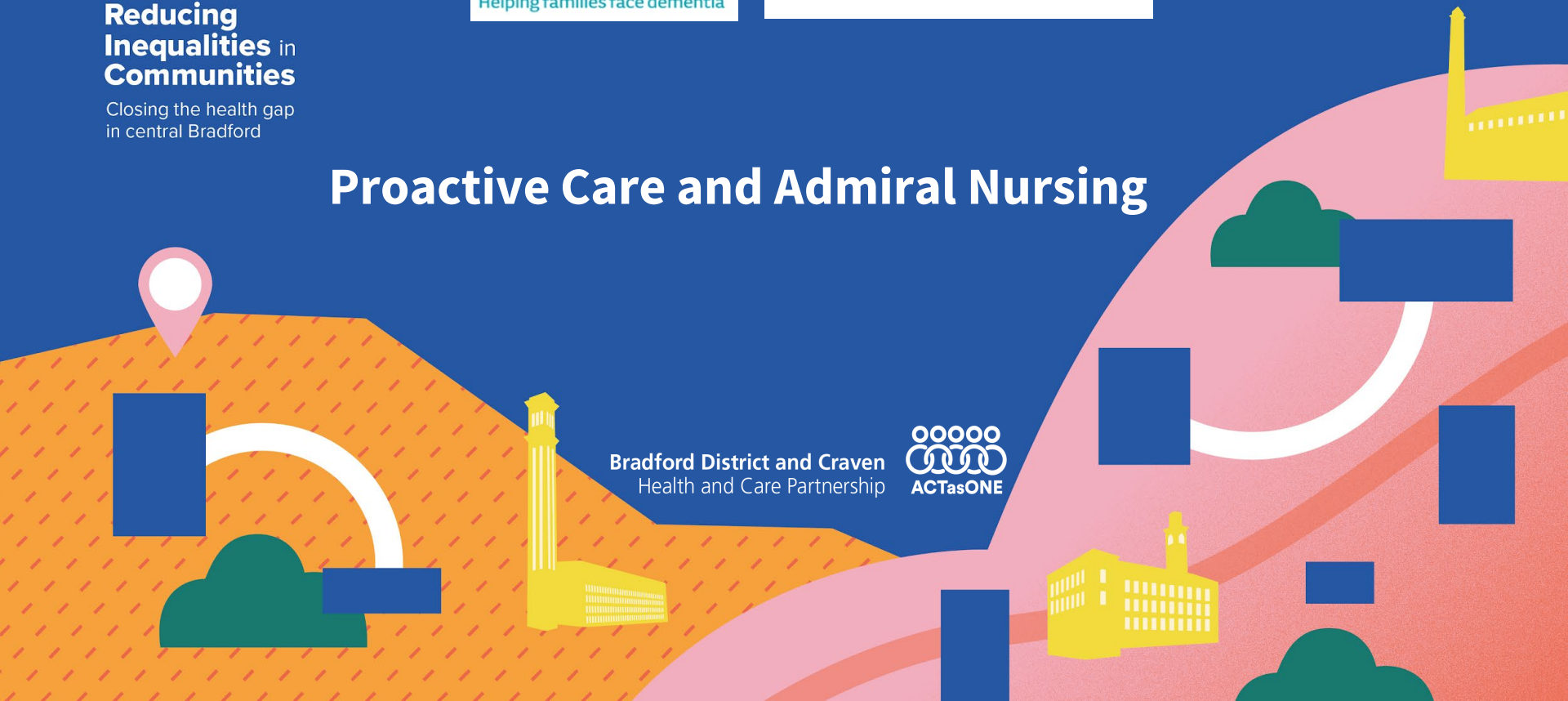
Closing the health gap in central Bradford

Dementia UK
Helping families face dementia

NHS
Bradford Teaching Hospitals
NHS Foundation Trust

NHS
Bradford District Care
NHS Foundation Trust

Proactive Care and Admiral Nursing



Bradford District and Craven
Health and Care Partnership

ACTasONE

Life expectancy

Across Bradford district and Craven place, people living in the most deprived wards have a much shorter life expectancy than those living just a few miles away.

10 miles

10 years less life

	Life expectancy in years	
	Female	Male
Wharfedale	**87.6**	**84.3**
Bingley	84.7	80.8
Shipley	83.8	77.7
Heaton	79.9	77.8
Manningham	**78.1**	**73.3**

Data source: Office of National Statistics, 2017 - 2019

Healthy life expectancy

It's not just about how long people live, it's how well they live too. If we take away the time people are living with poor mental wellbeing and ill health – we get what is known as **healthy life expectancy**.

10 miles

20 years less healthy life

	Healthy Life expectancy in years	
	Female	Male
Wharfedale	**72.1**	**71.1**
Bingley	68.9	67.4
Shipley	64.3	62
Heaton	58.1	60
Manningham	**48.5**	**50.6**

Data source: Office of National Statistics, 2009 - 2013

What has RIC been created to do?

The Reducing Inequalities in Communities (RIC) programme was established as the result of an increased allocation to Bradford City CCG to specifically target health inequalities.

It was initially set up as a time-limited programme of work to identify interventions which would have a positive impact on the central Bradford population. It was designed to run from 1 April 2019 through to 31 March 2024 and its objectives were to:

- develop and test a new model of commissioning as a health and care partnership
- embed academic research and evaluation planning from the start of the programme
- deliver an agreed list of projects (Dementia care, end of life and proactive case finding).
- ensure there are appropriate monitoring arrangements in place to determine if the projects are having the expected impact
- determine if the projects should be commissioned at the end of the programme and become part of core services
- facilitate the learning about ‘what works’ within our place so that successful projects can be considered for wider implementation

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Partnership working

- Bradford Teaching Hospital Foundation Trust
- Bradford District Care Foundation Trust
- Primary Care Networks 4/5/6 Bradford City
- Other RIC projects- CLICs
- Dementia UK
- Voluntary Sector
- In conjunction with Interpreter Services.
- In collaboration with Social Services

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RIC Reducing Inequalities in Communities

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Proactive approach

Interventions which provide proactive, holistic short-term care and support for individuals aged >18 years old, alongside their carers and families.

- The aim of PACT is to address an individual's (immediate and short-term) needs to help them live well, to help them avoid any unnecessary GP appointments, unplanned hospital admissions or Accident and Emergency (A&E) attendances.
- The intervention offers an integrated model of care including a multi-disciplinary team that works alongside local GPs and primary care services including physiotherapy, Mental Health support, speech and language therapy, dietary advice and occupational therapy.

What we do…

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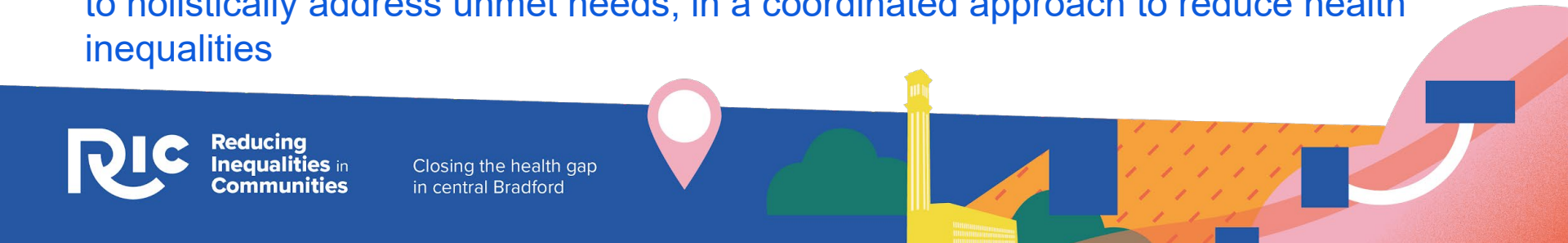
•Proactively identify patients with an unmet need (frequent users of services or have not accessed services previously).
•Identify patients using RAIDR (risk stratification tool), A and E attenders, CLICS, caseloads of mainstream services, engagement events and community outreach to encourage self referral.
•Accept referrals in from all colleagues and patient and carers.
•Inclusive rather than exclusive referral criteria (within RIC agreement), with a focus on anticipatory care.
•MDT reviews for a coordinated plan of care (efficient and effective ways of working)
•Short- Medium term interventions- referral/signposting back to mainstream services

What makes us unique…Timely access to 11 disciplines, proactively working together to holistically address unmet needs, in a coordinated approach to reduce health inequalities



Establishing the service

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Starting from scratch…

- Recruitment: collaboration with other partners/ consider new roles
- Referral pathway
- CGA: whole team assessment
- IT systems: record 11 disciplines, professional governance, provide BI needed to support robust KPI for evaluation and commissioning.
- Engagement: internal/ external
- Ongoing review and reflection
- Team learning and joint training, understanding each others' roles
- Task and finish workstreams: to create daily systems and process e.g. MDT format, safety huddles, culturally specific outcomes measures,

Focus areas

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Palliative care:

•Earlier identification of those in the last year of life.
•Supporting difficult, often avoided conversations.
•Supporting use of RESPECT documents.
•Targeting reversible causes of ill health.
• Re-established GSF meetings and increasing use of EPACCS

Proactive case finding:

- Reaching hidden and hard to reach communities through culturally appropriate engagement, visible presence at community Centre's, GP practices, drop-in Centre's, and promote self-referral.
- Targeting over /under use of health services e.g. GP appts/ A&E
- Use of Risk Stratification tools.

Focus areas

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Admiral:

- High prevalence of multi generational households – family members often taking role of sole carer.
- Joint working with PACT enables Admiral to support carers, whilst PACT support patients. Further enabling carers to care for their loved ones and access health care for themselves and the resources available to them.
- Model demonstrates a reduction in crisis and unplanned admissions for those patients with dementia when supported by carers.
- Earlier Dementia diagnosis by working closer with Memory services resulting in earlier support.

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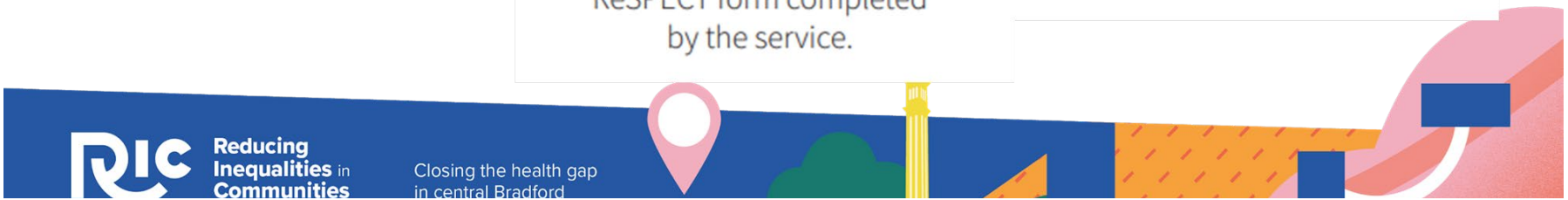
Outcomes- Demonstrating the benefits of PACT Referral Sources

3102
referrals registered since starting in September 2020.

61%
of service users who were 'newly identified' by the service as being in the last year of life had a ReSPECT form completed by the service.

93.3%
of patients were seen face-to-face within two weeks of receiving their referral.



FFT Feedback

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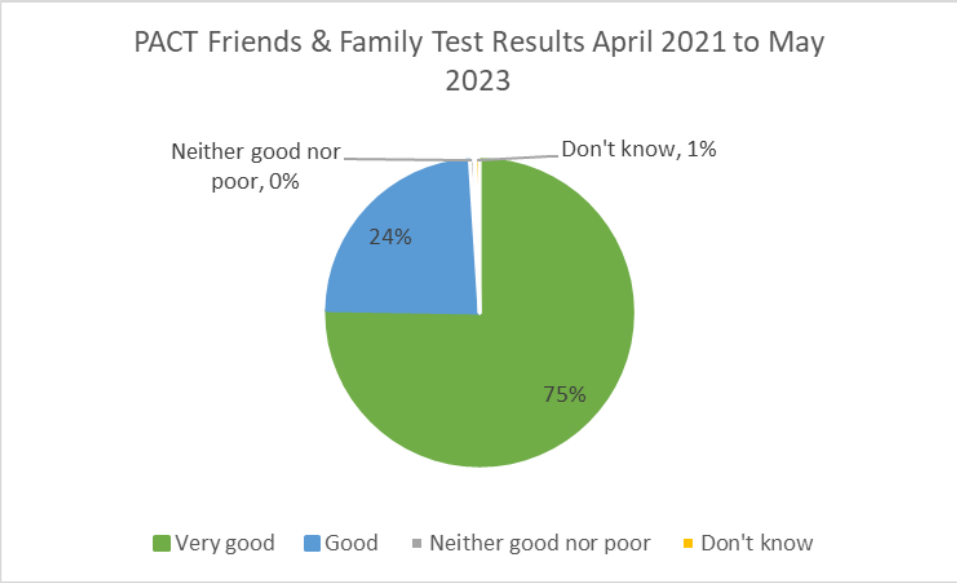

Staff satisfaction

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Members of staff within the team report elevated levels of satisfaction and motivation. This is evident from comments and feedback from service users who frequently draw attention to individuals in the team, complimenting them on their commitment and drive to deliver a high-quality service and ensure patients' needs are met.

In addition, staff survey results are extremely positive and have been highlighted as being among the most positive results across the whole of BDCFT.

To help the management team understand staff motivation, a survey was developed and has been implemented twice at the time of writing. This will continue to be carried out bi-annually. 26 members of the team responded to the most recent survey. They were asked:

Do you feel motivated in the PACT? (22 said yes, 84.62%)
Do you feel autonomous in your role? (22 said yes, 84.62%)
Do you feel you have the skills to be effective in your role? (24 said yes, 92.31%)

Staff satisfaction

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Mental Health Practitioner “It's amazing to be in an MDT with so many disciplines right there at the next desk. Here my referral is, can you see them and it's immediate.
I think in PACT what's really good is we don't have criteria as such. A lot of services, mental health and otherwise, will have a criteria - Do you meet this threshold? Do you have this illness? Have you had it for so long? We don't do that. We look at every single person as an individual. I think what's quite unusual is that we're trying to anticipate and predict what could happen for somebody, so we can look at the case files, the history and go they're really high risk of falling, they're really high risk of long-term conditions.”

Palliative Nurse “I had a lady today who was like please don’t ever leave. It’s reaching the people in need, before they hit crisis. Every community team should be like the PACT team.”

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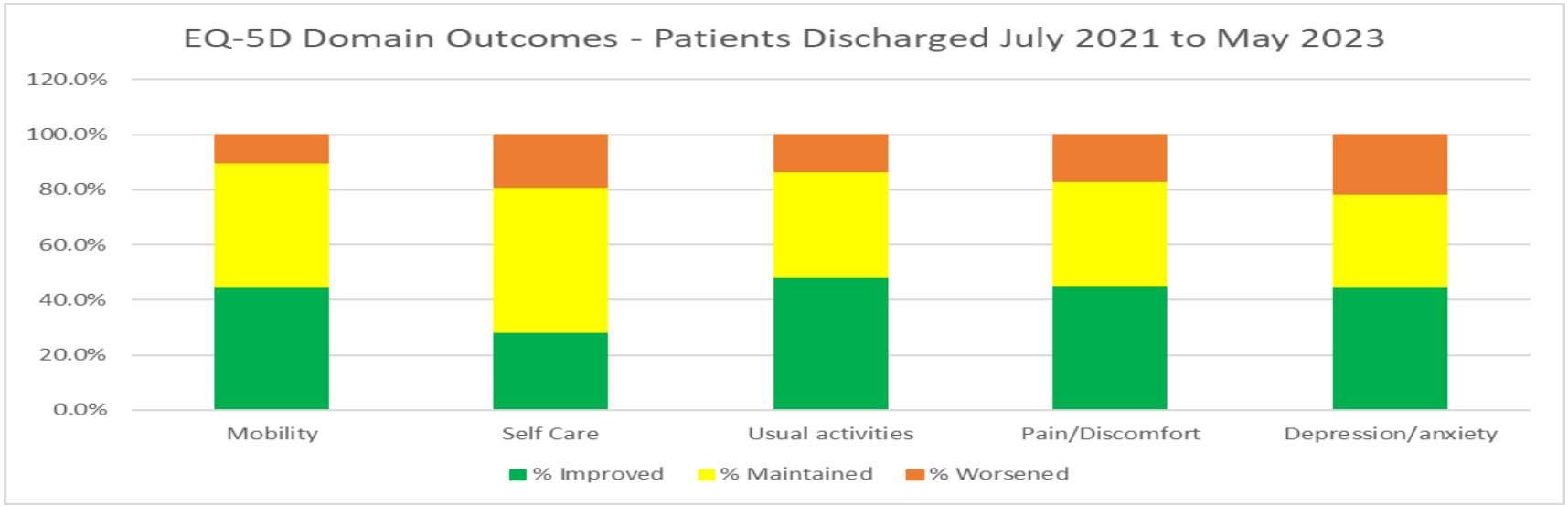
EQ-5D Domain outcomes



Aim of BIRU evaluation

The specific objectives were to assess whether the PaCT service:

- Reduces unplanned hospital admissions
- Reduces Accident and Emergency attendances
- Has differential effects for different ethnic groups • Improves health-related quality of life
- If feasible, the cost consequences of the PaCT intervention

Significant reduction in A&E attendances

The difference in differences analysis found that the PACT intervention reduced the odds of A&E attendances by 41%. As the confidence intervals in this analysis were <1.0 we can be certain that the intervention does significantly reduce A&E admissions.

The odds of unplanned hospital admissions was 31% lower in the PACT service compared with the matched controlled group.

Considerations for wider roll out…

- Utilise blueprint of PACT: Co-ordinated, seamless proactive approach to identifying service users with unmet needs and delivering holistic MDT care.
- Place based approach to reduce impact on primary and secondary services, as well as reducing risk (and cost) focusing on population health care needs.
- Dedicated anticipatory funding, protected to achieve left shift and reduce reactive models/ ways of working. Allowing flexibility for service revisions to support development.
- Identification of new roles and blended competency work. E.g. Pharmacy technician, MH practitioners, blended HCA and therapy roles to challenge traditional roles/ ways of working.